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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/829,273	04/09/2001	Wayne R. Myers	CRNC.78765	8119

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EXAMINER
SHORTLEDGE, THOMAS E

ART UNIT	PAPER NUMBER
2654	

DATE MAILED: 01/19/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

PTO-90C (Rev. 10/03)

	Application No.	Applicant(s)
Office Action Summary	09/829,273	MYERS ET AL.
	Examiner	Art Unit	
	Thomas E. Shortledge	2654	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *27 October 2005*.

2a)☐ This action is **FINAL.**   2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-60* is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-60* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All   b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1)☒ Notice of References Cited (PTO-892)

2)☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3)☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
    Paper No(s)/Mail Date _____.

4)☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____ .

5)☐ Notice of Informal Patent Application (PTO-152)

6)☐ Other: _____.

DETAILED ACTION

1.   This communication is in response to Remarks filed 10/27/05.

2.   Claims 1-60 are pending in the application. Claims 1, 21, and 41 are

independent. Claims 1, 21 and 41 have been amended.

3.   The 35 U.S.C. 112 first paragraph rejection of claims 1, 21 and 41 has been

withdrawn in view of the applicant's amendments.

Response to Arguments

4.   Applicant's arguments with respect to claims 1, 21 and 41 have been considered

but are moot in view of the new ground(s) of rejection.

Claim Rejections - 35 USC § 103

5.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set
> forth in section 102 of this title, if the differences between the subject matter sought to be patented and
> the prior art are such that the subject matter as a whole would have been obvious at the time the
> invention was made to a person having ordinary skill in the art to which said subject matter pertains.
> Patentability shall not be negatived by the manner in which the invention was made.

6.   Claims 1-60 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Yago (5,551,436) in view of Rapaport et al. (5,926,526).

As to claims 1, 21 and 41, Yago teaches:

receiving a medical test result for a type of medical test (inputting physical exam

and test information, col. 4, lines 9-14);

identifying a diagnosis associated with the type of medical test and selecting the

diagnosis matching the medial test result (identifying and selecting a diagnosis that

matches the physical exam and test information, where the diagnosis gives information

to the patient about the test results, col. 4, lines 14-15, 35-55, and col. 8, Tables 4, 5,

and 6); and

outputting a plain language explanation based on the diagnosis (outputting a

plain language explanation, col. 7, line 58, through col. 8, line 5, col. 8, Table 4, 5 and 6,

and col. 9, lines 33-38).

Yago does not explicitly teach the diagnosis is a template. However, Rapaport et

al. teach a template (bulletin), having an area to insert patient medical test information,

is used to translate the diagnosis of the matching medical test to plain language, (col. 9,

lines 48-67, and col. 10 lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the

time of the invention to combine the automatic diagnosis features of Yago with the

templates of Rapaport et al. to supply the patient with specific medical test results, that

the patient is able to understand in a secure environment without having to have the

medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claims 2, 22 and 42, Yago teaches identifying at least one diagnosis

associated with the type of medical test comprises identifying a set of a plurality of

diagnosis associated with the type of medical test (identifying a set of diagnosis associated with the medical test, col. 5, lines 45-49).

Yago does not explicitly teach the diagnosis is a template. However, Rapaport et al. teach a template (bulletin), having an area to insert patient medical test information, is used to translate the diagnosis of the matching medical test to plain language, (col. 9, lines 48-67, and col. 10 lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 3, 23 and 43, Yago teaches each diagnosis of the identified set corresponds to a range of medical test result values, (the evaluation is based on the range of medical test results, col. 4, lines 36-40).

Yago does not explicitly teach the diagnosis is a template. However, Rapaport et al. teach a template (bulletin), having an area to insert patient medical test information, is used to translate the diagnosis of the matching medical test to plain language, (col. 9, lines 48-67, and col. 10 lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 4, 24 and 44, Yago teaches the selecting step includes determining a diagnosis corresponding to the range encompassing the medical test result (selecting a diagnosis based on the range of medical rest results, col. 4, lines 36-40).

Yago does not explicitly teach the diagnosis is a template. However, Rapaport et al. teach a template (bulletin), having an area to insert patient medical test information, is used to translate the diagnosis of the matching medical test to plain language, (col. 9, lines 48-67, and col. 10 lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 5, 25, and 45, Yoga teaches each diagnosis of the identified set corresponds to a medical test result value (a different diagnosis is outputted based on the medical test values, col. 11, liens 6-25).

Yago does not explicitly teach the diagnosis is a template. However, Rapaport et al. teach a template (bulletin), having an area to insert patient medical test information, is used to translate the diagnosis of the matching medical test to plain language, (col. 9, lines 48-67, and col. 10 lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 6, 26 and 46, Yoga teaches the selecting step includes determining a diagnosis corresponding to the medical test result value. (a different diagnosis is outputted based on the medical test values, col. 11, lines 6-25).

Yago does not explicitly teach the diagnosis is a template. However, Rapaport et al. teach a template (bulletin), having an area to insert patient medical test information,

is used to translate the diagnosis of the matching medical test to plain language, (col. 9, lines 48-67, and col. 10 lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 7-9, 27-29, and 47-49, Yago does not teach determining if the medical results will be interpreted by a clinician, nor if the medical test result will be interpreted by a clinician, distributing the medical test result to the clinician, and wherein the selecting step includes receiving clinician input, the input matching the medical test result to a template and recording the input of the clinician.

However, Rapaport et al. teach the bulletins contain instructions for the patient to contact a care provider to fully explain a medical test result, such as when a level with the blood sugar is reached, the template gives instructions for the patient to contact the physician (col. 10, lines 22-24 and 64-66). It would be necessary that since the patient has to contact the physician, the physician would then give the patient an interpretation of the test results, since this interpretation was not explicit within the bulletin. The

medical provider is also able to select the bulletin to be outputted, (col. 9, lines 50-55 and col. 10, lines 40-66).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the output of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 10, 30 and 50, Yago does not teach the step of receiving patient information and comparing the patient information against a list of patients having authorization to receive the medical test result.

However, Rapaport et al. teach having a patient enter his identification number, along with a password, giving the patient access to the system (co. 7, lines 48-57).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claim 11, 31 and 51, Yago does not teach the selected template includes at least one placeholder.

However, Rapaport et al. teach bulletins with placeholders, (Table A, col. 10, lines 40-66).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claim 12, 32 and 52, Yago does not teach inserting data into the selected template at the placeholder.

However, Rapaport et al. teach inserting data into placeholders, (col. 10, lines 40-66).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claims 13, 33 and 53, Yago does not teach the data is numerical value for

the medical test result.

However, Rapaport et al. teach a bulletin having placeholder, where the

placeholders represent areas for medical test information is to be inserted (col. 10, lines

40-66). Where it would be necessary to complete the output, medical data would be

inserted into the placeholders.

Therefore, it would have been obvious to one of ordinary skill in the art at the

time of the invention to combine the automatic diagnosis features of Yago with the

templates of Rapaport et al. to supply the patient with specific medical test results, that

the patient is able to understand in a secure environment without having to have the

medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claims 14, 34 and 54, Yago does not teach the step of determining whether

the selected template can be sent directly to the patient.

However, Rapaport et al. teach the medical provider is able to select if the

corresponding template (bulletin) is to be sent to the patient or if not, an "on-the-fly"

bulletin is be made sent (col. 9, line 63 through col. 10, line 2, and col. 10, lines 22-24).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the audible output of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 15, 35 and 55, Yago does not teach the outputting includes sending a message to a storage unit and adapting the selected template for viewing via a web browser.

However, Rapaport et al. teach storing the message for output, and the output device can be an Internet device (col. 5, lines 11-13), where it would be necessary that outputting to an Internet device would include viewing the message with a web browser.

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 16, 36 and 56, Yago teaches the outputted plain language explanation is textual (outputting text, col. 11, lines 6-10).

As to claims 17, 37 and 57, Yago does not teach the outputted plain language explanation is audible.

However, Rapaport et al. teach the outputted plain language explanation is outputted via a telephone (col. 5, lines 1-2)

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the audible output of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 18, 38 and 48, Yago does not teach the plain language explanation is delivered by an automated phone system.

However, Rapaport et al. teach the outputted plain language explanation is outputted via a telephone with an automated user interface (col. 5, lines 1-2)

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the audible output of Rapaport et al. to supply the patient with specific medical test results,

that the patient is able to understand in a secure environment without having to have

the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claims 19, 39 and 49, Yago does not teach the plain language explanation

is delivered by a wireless device.

However, Rapaport et al. teach the output can be a wireless communication

device, (col. 5, lines 11-13).

However, Rapaport et al. teach the outputted plain language explanation

is outputted via telephone (col. 5, lines 1-2)

Therefore, it would have been obvious to one of ordinary skill in the art at the

time of the invention to combine the automatic diagnosis features of Yago with the

output of Rapaport et al. to supply the patient with specific medical test results, that the

patient is able to understand in a secure environment without having to have the

medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claims 20, 40 and 60, Yago does not teach distributing the test results to a

physician for review prior to the step of outputting a plain language explanation based

on the selected template.

However, Rapaport et al. teach the medical provider is able to select if the corresponding template (bulletin) is to be sent to the patient or if not, an "on-the-fly" bulletin is be made sent (col. 9, line 63 through col. 10, line 2, and col. 10, lines 22-24).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Yago with the audible output of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

Conclusion

7.   The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. See PTO-892.
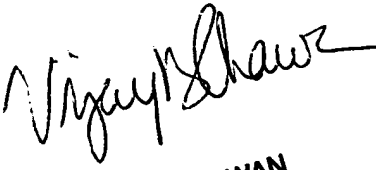
Any inquiry concerning this communication or earlier communications from the examiner should be directed to Thomas E. Shortledge whose telephone number is (571)272-7612. The examiner can normally be reached on M-F 8:00 - 4:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Richemond Dorvil can be reached on (571)272-7602. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the

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TS
01/13/2006

VIJAY CHAWAN
PRIMARY EXAMINER